



In re Application No.:

Docket No. 02355.000096

KIYOHIDE SATOH

Application No.: 10/644,829

Examiner: Eric V. Woods

Filed: August 21, 2003

Group Art Unit: 2672

For: IMAGE PROCESSING DEVICE AND  
METHOD THEREFOR AND PROGRAM  
CODES, STORAGE MEDIUM

January 20, 2006

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment, an RCE and a Petition for Extension of Time in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED                             |  |       |   |                         |                  |                   |
|---|--|-------|---|-------------------------|------------------|-------------------|
|   | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR  | (5)<br>PRESENT<br>EXTRA | RATE             | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                               | 16   | MINUS | 20  | 0                       | x \$25<br>\$50   | \$ 0              |
| INDEP.<br>CLAIMS                              | 4  | MINUS | 3   | 0                       | x \$100<br>\$200 | \$ 0              |
| Fee for Multiple Dependent claims \$180/\$360 |  |       |   |                         |                  | \$ 0              |
|   |  |       | TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT--- |                         |                  | \$ 0              |

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_ is enclosed.

Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

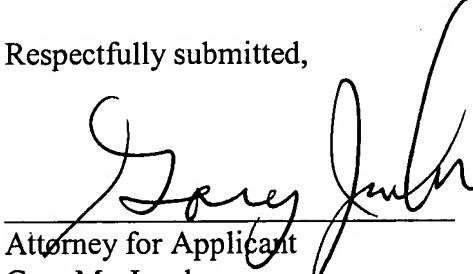
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

A check in the amount of \$120.00 to cover the Extension fee for response within 1 month is enclosed.

A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our below-listed address.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant  
Gary M. Jacobs  
Registration No. 28,861

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